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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
OR	OR			58688			
Practitioner(s) named below (if more than len patent practitioners are to be named, then a customer number must be used):							
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with eny and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
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OR	4 <u> </u>	1					as an final fold delicación y activido (final as finis) interpreta fining a maintigado (finis) a finis
Firm or Individual Name							
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City		State		Zip	)		
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Assignee Name and Address  HOSHIKO, LLC  1756 114 <sup>TH</sup> Avenue SE, SUITE 110  Bellevue, Washington 98004							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	Mollie			Date	/13	12006	
Name	Andy Walton			Telephone /	/ /	(425) 46	57-2330
Title	Authorized Person				****		